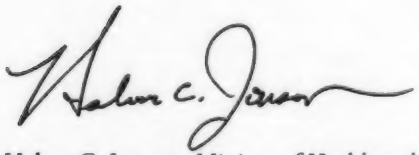
Health and Wellness

ACCOUNTABILITY STATEMENT

This Business Plan for the three years commencing April 1, 2000 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as at February 1, 2000 with material economic or fiscal implications of which I am aware have been considered in preparing the Business Plan.

The Ministry's priorities outlined in the Business Plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this Business Plan.



Halvar C. Jonson, *Minister of Health and Wellness*
February 2, 2000

INTRODUCTION

The Ministry of Health and Wellness is pleased to present our Business Plan for the three year period ending March 31, 2003. Business planning is a key management and leadership activity of the Ministry, both within the context of government as well as the health system in Alberta. This business plan is a record of what changes and improvements are anticipated in the three years ahead, rather than an inventory of all of the activities essential to the operation of a provincial ministry and a public health system.

The Ministry comprises the Department of Health and Wellness and three organizations with a provincial mandate:

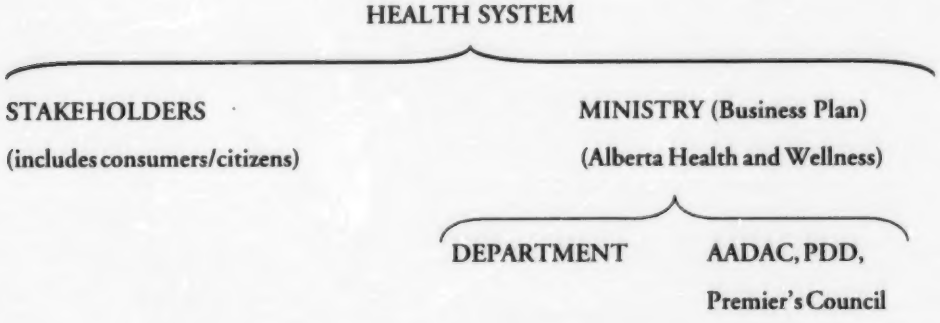
Alberta Alcohol and Drug Abuse Commission (AADAC)

Persons with Developmental Disabilities Provincial Board (PDD)

Premier's Council on the Status of Persons with Disabilities

The mission of each of these organizations is defined on pages 149 and 150. These organizations report to the Minister of Health and Wellness and prepare, within the context of the Ministry's Business Plan, their own Business Plans. The financial information for the department and the member organizations is consolidated in the attached income statement.

This Plan proposes a vision for the provincial health system (as schematically represented below), and acknowledges some key challenges and issues from the Ministry's perspective. From this vision, goals and strategic directions emerge which can serve to inform dialogue among the public and stakeholders in search of a shared, collaboratively derived vision for the system.



The Ministry's two core businesses, four goals and related objectives and strategies are written to encompass the activities of the department as well as the three provincially mandated organizations that comprise the Ministry. More detailed information about the strategies for each of the member organizations is found in their Business Plan.

The 2000-01 Annual Report for Alberta Health and Wellness will report the progress made on the commitments contained in the Business Plan.

For reference purposes, a detailed description of how the health system in Alberta works today is contained in a separate publication entitled ***"Health Care '99 – A Guide to Health Care in Alberta" (July '99).***

VISION

The Government of Alberta's vision for the province is

> *"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children".*

This broader vision is reflected in the slogan: "Healthy Albertans in a healthy Alberta".

In this context, the vision of Alberta Health and Wellness is

> *"Citizens of a healthy Alberta achieve optimal health and well-being".*

In acknowledgement that the determinants of the health and well-being of a population include factors such as education, employment, income and the environment, this vision is comprised of two distinct but interwoven dimensions:

- Albertans are able and encouraged to realize their full health potential in a safe environment, with adequate income, housing, nutrition and education, and to play a valued role in family, work and their community, and
- Albertans have equitable access to affordable and appropriate health and wellness services of high quality.

The achievement of this vision requires individuals to take responsibility for health in their communities, in collaboration not only with the Ministry and providers of health services, but with a wide variety of parties including other Ministries, other levels of government and the private sector.

ISSUES AND CHALLENGES

Publicly funded health services are organized and delivered to meet the priority needs of Albertans. But those needs, and the ways in which they can be best met, keep changing and so the system is challenged to adapt. The major forces of change are:

- Demographics
  - Alberta's population is increasing and aging.
  - As a consequence of age, both chronic disease and dependency are more prevalent and so demands on the health system and on informal caregivers continue to increase.
  - As the provider population ages, skill shortages will occur in key health professions.

- Technology
  - Advancements change our perceptions about what services can or should be delivered to whom and how. They result in new procedures (e.g., laporoscopic surgery), new drugs (e.g., for HIV, for migraine), new diagnostic (e.g., MRI) and treatment equipment (e.g., lasers), improved communication (e.g., Telehealth), etc.
  - With these advancements come new costs (acquisitions, financing, training).

- Rising expectations in a knowledge society
  - Albertans are well educated and will increasingly want to be informed about the choices and decisions they can make about their health and wellness.
  - The new high profile technology improves the capacity to meet needs and raises public expectations for access to supports and services.
  - Realigning priorities and reallocating resources are a constant challenge.

- Sustainability
  - The increasing costs of drugs and technology, combined with salaries and utilization, cause the cost of the system to continue to rise significantly, and faster than the combined effects of population growth and inflation.
  - Restructuring provides an opportunity for greater operational efficiency but further reforms are necessary to keep costs within the capacity of public funding while ensuring accessibility, quality and accountability.

MISSION AND CORE BUSINESSES

Within the context of the Government's Business Plan and the vision for health, the **Mission** of the Ministry is...

> ***"...to maintain and improve the health of Albertans by leading and working collaboratively with citizens and stakeholders."***

Across the health system, collaboration with citizens and stakeholders is essential for intended outcomes to be realized. In that regard, the feedback from the Health Summit has been most instructive in the preparation of this plan. Within government, interdepartmental collaboration is a key to the achievement of this mission. The Ministry of Health and Wellness works with many other Ministries to address issues which influence health and health services delivery.

To achieve our mission, the Ministry engages in two **Core Businesses:**

- **lead and support a system for the delivery of quality health services**

  For Albertans who are fragile and/or ill, or who may need diagnosis, treatment or support, a system of quality health services is in place to meet their needs. While the responsibility for delivering those services rests with health authorities, agencies and individual practitioners, the Ministry is required to demonstrate leadership in setting direction, policy and provincial standards which ensure quality services. Key Ministry roles are to set priorities based on health needs, determine the scope of financial, capital and human resources required, and measure/report on the performance of the system.

- **encourage and support healthy living**

  A primary focus of the health system is to support and encourage the well-being and health of Albertans, not just to diagnose and treat the ill and injured. Health promotion and protection programs, disease and injury prevention programs, along with enhanced supports for persons with disabilities, address risks to health where knowledge or early intervention can make a major difference. Through health authorities and provincial

agencies, programs for the promotion of well-being, as well as the prevention of disease and injury, enable Albertans to make informed decisions about their health. In acknowledgement of the wide array of factors that have an impact on health, the Ministry is engaged in inter-ministerial initiatives to effectively address challenges to the health and well-being of the population.

These two core businesses require the following **functions**:

- communicating and consulting with the public and stakeholders
- gathering, managing and sharing information and knowledge
- developing and implementing policy and strategies
- recommending direction and priorities
- setting standards
- monitoring, measuring, reporting on and improving performance
- providing and encouraging leadership
- encouraging and facilitating joint planning and action
- acquiring and allocating resources
- registering eligible Albertans and providers, and processing provider claims
- providing public health expertise and selected direct services
- advocating for health and wellness

To succeed in our mission, the Ministry commits to key **values** and **principles**:

- consistency with the five principles of the Canada Health Act:
  - accessibility - medically necessary services are available without user fees, extra-billing or other barriers to reasonable access;
  - comprehensiveness - all medically necessary physician and hospital services are insured;
  - portability - Canadians are covered for insured services received in another province;
  - public administration - insurance plan is operated on a non-profit basis by a public authority; and
  - universality - all Canadians are entitled to public health insurance for medically necessary hospital and physician services.
- Alberta's health system demonstrates excellence - high standards and best practices achieved through research, education and information
- Alberta's health system provides for equitable access by all Albertans to a comprehensive range of integrated health services
- Alberta's health system provides quality services and effective outcomes
- Alberta's health system builds on shared responsibility and decision-making among users, providers and organizers
- Alberta's health system ensures accountability at all levels for outcomes
- Alberta's health system is cost-effective, as well as sustainable in the long term

GOALS, OBJECTIVES AND STRATEGIES

Ministry goals and objectives under the two core businesses are shown below. Strategies for each of the goals and objectives are outlined in the tables that follow.

GOAL 1: TO SUSTAIN AND IMPROVE THE DELIVERY OF ACCESSIBLE, EFFECTIVE, QUALITY HEALTH SERVICES TO ALBERTANS WHO NEED THEM

The responsibility for service delivery rests primarily with health authorities and individual practitioners. Continuous improvement and innovation are promoted to ensure the delivery of health services which meet high standards, achieve positive health and wellness outcomes, and address the needs of Albertans. The Ministry also works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of business plans and capital plans. Registration of Albertans for health care insurance and operation of the payment system for fee-for-service practitioners, aids to daily living suppliers, ambulance operators and other services are administered by the Ministry.

Key Performance Measures:

1. Ratings of ease of access to health services

   Percent of Albertans who report access to health services is "easy" or "very easy".

   Target (2002): 80%

2. Ratings of quality of care received, and effects of care on health

   Percent who report that quality of care **personally** received is "excellent" or "good".

   Target (2003): 90%.

   Percent who report that the effect of care on their health is "excellent" or "good".

   Target (2003): 85%

3. Wait list for MRI, joint replacement, heart surgery and long-term care

   The number of persons waiting to be served at the end of each quarter.

   Target (2002-03): decreasing trends

4. Alternative Level of Care days / efficiency in acute care facilities

   Percent of total hospital days that could have been provided in an alternative setting, as determined by medical staff.

   Target (2002-03): decreasing trend

OBJECTIVES	STRATEGIES
1.1 To ensure **accessibility** to quality health services.	1. Commit to the principles of accessibility, comprehensiveness, excellence, portability, public administration and universality. 2. Improve access to certain province-wide or essential services (e.g., dialysis, MRI, etc.). 3. Address aboriginal health issues in cooperation with the federal government, other ministries, health authorities and aboriginal communities and contribute to the government's commitments to action under the Aboriginal Policy Framework. 4. Produce medium and long-term projections and outlooks for resource requirements of the health system.

(Continued...)

OBJECTIVES	STRATEGIES
1.1 To ensure **accessibility** to quality health services *(Continued)*.	5. Work with health authorities and health providers to expand Telehealth. 6. Enhance access to front-line services by increasing staff levels. 7. Assess and respond to recommendations arising from the Western Canada Waiting List project. 8. Support the development, maintenance and use of an Infrastructure Management System on utilization of health facilities in cooperation with Alberta Infrastructure, health authorities, boards and agencies. 9. Evaluate policies pertaining to premiums and fees for health services and recommend action.
1.2 To continuously improve the **quality** of health services.	1. Promote changes to enhance quality, accessibility and sustainability through the Health Innovation Fund. 2. Implement the new Alberta Health and Wellness research plan including the renegotiated Health Research Collaboration with the Alberta Heritage Foundation for Medical Research. 3. Establish the Health Service Utilization Commission to support continuous improvement in health system performance. 4. Follow-up on the Organ and Tissue Donation and Transplantation Advisory Committee Report. 5. Evaluate the current blood service delivery system in Alberta and, where appropriate, make changes. 6. Lead the review and renewal of public health and diagnostic laboratory policy and service. 7. Review and enhance the Alberta Perinatal Program. 8. Address the equipment needs of health authorities, including both replacement and new equipment.
1.3 To improve the **continuity** of health services.	1. Set new strategic directions, in collaboration with stakeholders, to ensure an integrated, sustainable system for health, with emphasis on the primary health care sector. 2. Implement health information legislation. 3. Implement policy for the provision of community rehabilitation and related services. 4. Evaluate primary health care models in collaboration with communities, health providers and others; disseminate learning and best practices widely, and facilitate uptake and policy development.
1.4 To ensure **sustainability** of health services.	1. Prohibit two-tiered health care, while permitting health authorities to contract for surgical services. 2. Refine the population-based funding framework by incorporating updated information, and examining the incentive system for repatriation of services. 3. Further develop methodology for costing of regional services with focus on continuing and home care services. 4. Direct drug benefit programs and work with stakeholders to ensure reasonable access and appropriate use of prescribed drugs, with particular focus on: • Short-term intravenous drug therapy in the home; • Medication use by the elderly; and • Use of high cost drugs in continuing care centres. 5. Refine the funding system for specialized and complex province-wide services, including improved activity monitoring and accountability. 6. Develop a process to forecast and project health authorities' advanced technology equipment requirements and costs for a 3-5 year period. 7. Work with health authorities and Alberta Infrastructure in the development and approval of long-term capital plans.

OBJECTIVES	STRATEGIES
1.5 To encourage the **optimal utilization** of health professionals.	1. Develop a framework for alignment of physician services with a regionalized approach to health service delivery. 2. Implement the new *Health Professions Act*, establish the Health Professions Advisory Board, and develop regulations for high risk activities. 3. Continue to implement the new master agreement, in cooperation with the Alberta Medical Association, with the specific intent among others to: • Implement a short and medium-term physician resource plan, informed by the Physician Resource Planning Committee, including adjustments to medical school admissions if appropriate; • Implement a Relative Value Guide; • Enable alternate delivery and compensation arrangements; • Determine compensation methods for telehealth services; and • Develop a province-wide approach to diagnostic imaging via the Imaging Advisory Committee. 4. Contribute to a refined system for funding academic health centres. 5. Collaborate with health authorities and other stakeholders to recruit and retain physicians in under-serviced areas in Alberta (e.g., Rural Physician Action Plan). 6. Implement a process for annual provincial health workforce planning in collaboration with health authorities. Develop and implement strategies in response to priority issues with health authorities and other stakeholders. 7. Develop strategies to enhance the recruitment and utilization of medical officers of health in the health system. 8. Develop new approaches for nursing work-life issues, including continuing education and professional development opportunities. 9. Encourage the implementation of innovative service delivery models, which improve utilization of the health workforce.
1.6 To support **quality living** for identified populations.	1. Implement policy directions resulting from recommendations of the Long Term Care Review: • Develop initiatives to support healthy aging for Albertans; • Enhance home care and community care services including services for clients in supportive housing with special needs; and • Consult and prepare implementation strategies for comprehensive care for individuals with complex and multiple problems. 2. Promote and ensure the effective, regional integration of community-based services for adults and children with mental health needs.
1.7 To support a province-wide system of addictions prevention, treatment and information services through the Alberta Alcohol and Drug Abuse Commission.	1. Provide leadership and coordination of service delivery, monitoring and evaluation of substance abuse and problem gambling treatment, prevention, education and research. 2. Proactively address substance abuse and problem gambling issues and needs of Albertans through innovation and partnership with community stakeholders and service providers. 3. Deliver and support a continuum of high quality prevention, treatment and information services as part of a provincial network of addictions services.

GOAL 2: TO IMPROVE THE HEALTH AND WELL-BEING OF ALBERTANS THROUGH PROVINCIAL STRATEGIES FOR PROTECTION, PROMOTION AND PREVENTION

The health and wellness of individuals is determined by a number of factors. Key factors include genetic endowment, early childhood development, education, environment and employment status, as well as personal decisions about lifestyle behaviours. The services and supports available through the health system are a relatively minor factor, though essential when they are needed. With access to accurate and timely information, Albertans can make wise choices, whether it is to prevent disease or injury, or to safeguard their own health, wellness and quality of life.

Key Performance Measures:

1. Percent low birth weight newborn babies

   Percent of newborns with birth weight less than 2500 grams. **Target** (2002): 5.5%

2. Mortality rates for injury and suicide

   Age standardized mortality rates (per 100,000 people) for death due to injury and suicide.

   Targets (2002): 45 (injury) & 13 (suicide)

3. Breast cancer screening rates

   Percent of women ages 50-69 who receive mammography screening every 2 years.

   Target (2002-03): 75%

4. Childhood immunization rates

   The percent of 2 year old children who have received the recommended immunizations.

   Target (2002): 97% (diphtheria, pertussis, tetanus, haemophilus influenza b, polio)

   Target (2002): 98% (measles, mumps, and rubella)

OBJECTIVES		STRATEGIES
2.1	To support and promote well-being and quality of life.	1. Participate in the development of government-wide response to the Impact of Aging study, and develop policies and strategies as appropriate. 2. Participate in interdepartmental/intergovernmental initiatives to reduce homelessness. 3. Work with the PDD board to implement the directions resulting from the PDD review. 4. Contribute to the redevelopment of the Government of Alberta Strategic Business Plan for Seniors. 5. Participate with other government departments in the follow-up to the Alberta Active Living Task Force report.
2.2	To protect health and well-being and prevent disease and injury.	1. Implement provincial population-based breast cancer screening and province-wide metabolic screening programs. 2. Develop a population-based screening strategy for cervical cancer and other conditions. 3. Contribute to the implementation of the Alberta Children's Initiative through the development of health system and cross-sectoral strategies, including follow-up to the First Annual Alberta Children's Forum. 4. Develop, with partners, further strategies to reduce the use of tobacco products by Albertans.

(Continued...)

OBJECTIVES		STRATEGIES
2.2	To protect health and well-being and prevent disease and injury *(Continued)*.	5. Enhance immunization strategies and develop a longer term Immunization Plan in the context of a national strategy. 6. Enhance provincial TB, Sexually Transmitted Diseases, and HIV/AIDS prevention strategies. 7. Develop a provincial diabetes prevention strategy. 8. Implement with partners strategies to reduce injuries. 9. Enhance the Influenza Pandemic Preparedness Plan for Alberta. 10. Conduct health surveillance; assess and report on health trends in selected health priority areas.
2.3	To enable Albertans to take responsibility for, and make informed decisions about, their health and their use of health services.	1. Report on the health status of Albertans and inform them about the key determinants of health. 2. Provide information on innovative health system interventions, utilization and performance. 3. Continue to develop strategies to provide health related information to Albertans in collaboration with health authorities and others.
2.4	To ensure cleaner air, water and food, and safer environments working in partnership.	1. Lead or participate in initiatives such as Climate Change Central and health impact assessments (e.g., Canada Alberta Partners in Food Safety, Alberta Environment health impact assessments, Northern River Ecosystem Initiative, Government Flaring Study, Sustainable Development Coordinating Council, Swan Hills Long Term Monitoring, fish consumption advisories).
2.5	To support the creation of an Alberta that includes citizens with developmental disabilities through the Persons with Developmental Disabilities Board.	1. To develop, maintain and deliver quality programs and services to support adults with developmental disabilities. 2. To promote the inclusion of adults with developmental disabilities in community life. 3. To ensure the community governance system is responsive to individuals with developmental disabilities, their families/guardians and their communities.
2.6	To support improvements in the status of Albertans with disabilites.	1. Via the Premier's Council, to engage in policy development, advocacy and evaluation with respect to the interests of persons with disabilities.

GOAL 3: TO SUPPORT AND PROMOTE A SYSTEM FOR HEALTH

The health system is very complex. With numerous stakeholders involved in the process of organizing and delivering services to citizens, it is a continuous challenge to ensure that their efforts are effectively coordinated in the service of Albertans. Towards this end, effective communication, accountability and information systems are essential, as is leadership in addressing emerging system-wide challenges.

Key Performance Measures:

1. Public self-rated knowledge of health services available

   Percent of Albertans who rate their knowledge of health services available to them as "excellent" or "good". **Target** (2003): 75%

2. Public ratings of the quality of the health system

   Percent of Albertans who rate the health system "excellent" or "good".
   Target (2003): 70%

3. Quality of health system information

Ministry stakeholder ratings of the quality of health system information and information management. **Target** (2002-03): improvement

OBJECTIVES		STRATEGIES
3.1	To engage in collaborative planning with citizens and key stakeholders.	1. Develop and implement an ongoing strategy to improve dialogue and collaboration among health authorities, physicians and others. 2. Participate in the implementation of the government-wide Corporate Capital Planning Initiative.
3.2	To ensure accountability throughout the health system.	1. Encourage adoption of best practices in governance and management by working with health authorities and health providers. 2. Implement a plan and strategic approach to setting expectations and measuring performance focussing on measures for health services (e.g., mental health, home care and continuing care). 3. Develop and enhance monitoring tools and reporting processes to support accountability and continuous improvement (e.g., coordinate with RHAs and continuing care providers to implement tools and processes for continuing care).
3.3	To demonstrate leadership on emerging system-wide challenges.	1. Continue involvement with federal/provincial/territorial initiatives, and interprovincial initiatives in regard to injury prevention and control, immunization, diabetes, influenza, tobacco control, organ and tissue donation, reproductive and genetic technologies, physician resources, nurse resources, aboriginal issues, health human resources, information networks, waiting lists, speciality procedures (i.e., pediatric cardiac surgery), health surveillance, health research, population health, etc. 2. Contribute to the development of a blueprint and tactical plan for the development of a national health infostructure. 3. Contribute to the development and adoption of comprehensive data standards to support information exchange provincially and nationally.
3.4	To encourage communication with and among stakeholders, including citizens.	1. Develop and implement a communications strategy for the dissemination of health system performance information. 2. Enhance and expand strategies to enable Albertans to contribute to the development of plans and actions to improve the health of the population and health services.
3.5	To ensure the availability of timely, accurate and comprehensive information for population health, patient care, research and management of the system.	1. Develop and communicate to health authorities the expectations for information management and technology. 2. Lead the implementation of the new standardized diagnosis and intervention coding scheme for health data. 3. Through alberta we*ll*net, establish a business plan to provide electronic tools to enable information exchange among stakeholders: • Promote health and well-being (e.g., breast cancer and other screening programs, immunization); • Improve access to the system (e.g., telehealth); • Optimize the quality and utilization of health services (e.g., pharmaceutical information network, cancer care network); • To improve health system management (e.g., facilitate common clinical, public health/continuing care and administrative systems among health authorities).

GOAL 4: TO OPTIMIZE THE EFFECTIVENESS OF THE MINISTRY

To be as effective and efficient as possible in the service of its Mission, the Ministry must keep pace with new knowledge and use its human, financial and technological resources in an optimal fashion.

Key Performance Measures:

1. Stakeholder ratings of ministry effectiveness and performance

   Ministry stakeholder ratings of quality of services provided by Alberta Health and Wellness. **Target** (2002-03): improvement

2. Quality of service provided by registry and client information service

   Client ratings of quality of service received. **Target** (2002-03): improvement

OBJECTIVES		STRATEGIES
4.1	To effectively manage available resources, including information and technology.	1. Redesign Alberta Health and Wellness Customer Services and Registration policies and procedures to improve the level of service provided to clients. 2. Renew and implement the department's annual information technology plan. 3. Develop a framework for an inclusive planning process within the Ministry. 4. Identify and coordinate a comprehensive framework and agenda for policy analysis and development. 5. Continue to participate in the government-wide initiatives (e.g., coordination of shared services, standards development, etc). 6. Implement Public Health, Business Intelligence, and Program Enrolment systems; and design Incident Alert and Health Workforce systems. 7. Review and update the information strategic plan so that it continues to reflect business priorities, operational needs and other infrastructure requirements. 8. Define data and the context in which it is captured to aid in the accurate interpretation of the data through an Information Resource Catalogue.
4.2	To foster the culture of a learning organization.	1. Continue with strategies in support of the government-wide Corporate Human Resource Development Strategy and the department's Human Resource Plan (e.g., performance management, succession planning, Workplace Action Team, etc.). 2. Establish the business practices, roles, responsibilities, and authority of all staff involved in the management of information through an Information Management Framework. 3. Develop and disseminate health economic and fiscal trend analyses and projections.

Note: Alberta Health and Wellness collects a wide range of statistical information about the health of Albertans and the performance of our health system. From this wide array of information, a small number of key performance measures are selected for the Ministry Business Plan.

Additional information about the health of Albertans and health system performance is reported in numerous publications, including: the Ministry Annual Report, Measuring Up, Health Trends, the Report on the Health of Albertans, the Alberta Health Care Insurance Plan Statistical Supplement, and the annual report on Province-Wide Services.

ORGANIZATIONS WITH A PROVINCIAL MANDATE

In support of and complementary to the vision and goals of the Ministry, the following organizations carry out their mission and conduct their businesses. The Business Plans of these organizations contain more detailed information about their strategies, activities and finances, and can be obtained directly from their offices.

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

Mission - *assists Albertans in achieving freedom from abuse of alcohol, other drugs and gambling*

Businesses -

(a) Provision of a range of alcohol, other drug and gambling problem treatment services including:

- Community outpatient counselling and day treatment;
- Residential treatment;
- Crisis and detoxification; and
- Specialized treatment (youth, women, Native Peoples, business and industry, optiate dependency and cocaine).

(b) Provision of a range of alcohol, other drug and gambling problem prevention services including:

- Community-based prevention and education programs; and
- Early intervention.

(c) Provision of accurate and current information on issues, trends and research regarding alcohol, other drug and gambling problems.

Performance Measures -

(a) Client access - ensure reasonable access to local, regional and provincial services.

Target: maintain level of clients reporting "*no difficulty in gaining access to treatment services*" at or above 91%

(b) Service effectiveness - ensure that services facilitate clients' success in achieving their goals. **Target:** maintain level of clients reporting "*abstinence or improved*" after treatment at or above 94%

PERSONS WITH DEVELOPMENTAL DISABILITIES (PDD) PROVINCIAL BOARD

Mission - *to lead the creation of an Alberta that includes adults with developmental disabilities in community life*

Businesses -

(a) Ensure that adults with developmental disabilities have opportunities to be fully included in community life.

(b) Ensure that services provided under the PDD Board structure are based on equitable funding and access to resources.

(c) Support the ability of communities to include adults with developmental disabilities.

Performance Measures -

(a) % of persons with developmental disabilities experiencing an enhanced quality of life.

Target (2003): 85%

(b) % of persons with developmental disabilities satisfied with their role in planning and their access to information.

Target (2001-02): above 85%

PREMIER'S COUNCIL ON THE STATUS OF PERSONS WITH DISABILITIES

Mission - *to champion significant improvements in the status of Albertans with disabilities*

Businesses -

(a) Policy Development

- Developing strategic umbrella policies regarding the status of persons with disabilities, contributing to the development of public sector legislation, policies, outcomes and targets pertaining to the needs of persons with disabilities, reporting progress towards outcomes and facilitating coordination of related programs and services.

(b) Advocacy

- Informing and influencing key decision makers on issues of interest and concern to all persons with disabilities.
- Pro-active public education and social marketing to increase awareness and understanding of disability issues.
- Addressing and reducing systemic barriers that impede rights and opportunities of Albertans with disabilities.

(c) Evaluation

- Developing standards for and monitoring performance of the support system for Albertans with disabilities and recommending systemic improvement.

Performance Measures -

(a) % of stakeholders who rate their familiarity with the Council and its work as 'high' or 'very high'. **Target:** establish in 1999-2000 and improve by 10% in 2000-01

Ministry Income Statement

(thousands of dollars)

	Comparable 1998-99 Actual	Comparable 1999-2000 Budget	Comparable 1999-2000 Forecast	2000-01 Estimates	2001-02 Target	2002-03 Target
REVENUE						
Internal Governmental Transfers	20,414	57,570	58,570	127,528	96,544	111,202
Transfers from Government of Canada:						
Canada Health and Social Transfer	484,819	540,088	447,083	450,748	454,671	441,038
Canada Health and Social Transfer - Health Supplement	-	192,144	192,144	194,068	245,516	247,602
Other	13,658	11,670	13,444	16,223	12,569	12,569
Premiums, Fees and Licences	662,534	661,059	670,279	682,369	693,778	704,539
Other Revenue	49,221	48,835	49,962	55,452	59,080	62,847
MINISTRY REVENUE	1,230,646	1,511,366	1,431,482	1,526,388	1,562,158	1,579,797
EXPENSE						
Program						
Regional Health Authorities and Health Boards	2,610,143	2,823,101	2,823,101	3,041,137	3,163,646	3,320,187
Province-Wide Services	231,090	257,188	257,188	303,963	328,064	354,093
Physician Services	918,116	974,126	989,926	1,042,569	1,065,489	1,087,180
Blue Cross Benefit Program	216,461	245,282	251,782	281,219	310,341	342,375
Extended Health Benefits	19,726	19,194	20,294	21,055	21,897	22,773
Allied Health Services	52,071	51,081	51,681	57,935	60,252	62,662
Protection, Promotion and Prevention	134,645	143,487	145,180	168,643	177,984	182,449
Human Tissue and Blood Services	113,514	66,263	72,463	90,016	105,319	123,223
Other Programs	91,846	153,732	131,050	183,454	227,283	259,204
Premier's Council on the Status of Persons with Disabilities	532	669	669	680	690	705
Services to Persons with Developmental Disabilities	258,548	276,563	291,971	320,881	336,813	359,727
Premier's Advisory Council on Health	-	-	-	250	250	250
Ministry Support Services	74,714	80,868	86,058	88,249	91,061	91,098
Systems Development	17,388	19,045	21,045	23,329	23,403	23,461
Health Care Insurance Premiums Revenue Write-Offs	28,578	23,466	29,954	28,648	28,863	29,080
Valuation Adjustments and Other Provisions	2,488	386	386	602	602	602
	4,769,860	5,134,451	5,172,748	5,652,630	5,941,957	6,259,069
Extraordinary Items:						
One-time Financial Assistance to Health Authorities	-	-	215,676	-	-	-
Year 2000 Compliance	-	33,000	22,000	-	-	-
Sterilization Claim Settlements	30,543	-	61,900	-	-	-
Calgary Regional Health Laboratory Facility	9,000	-	-	-	-	-
Supplemental Advanced Medical Equipment	-	-	10,000	-	-	-
Healthy Aging Partnership Initiative	-	-	10,000	-	-	-
MINISTRY EXPENSE	4,809,403	5,167,451	5,492,324	5,652,630	5,941,957	6,259,069
Gain (Loss) on Disposal of Capital Assets	(49)	-	-	-	-	-
Write Down of Capital Assets	-	(900)	(919)	-	-	-
NET OPERATING RESULT	(3,578,806)	(3,656,985)	(4,061,761)	(4,126,242)	(4,379,799)	(4,679,272)

Consolidated Net Operating Result

(thousands of dollars)

	Comparable 1998-99 Actual	Comparable 1999-2000 Budget	Comparable 1999-2000 Forecast	2000-01 Estimates	2001-02 Target	2002-03 Target
Ministry Revenue	1,230,646	1,511,366	1,431,482	1,526,388	1,562,158	1,579,797
Inter-ministry consolidation adjustments	(20,414)	(57,570)	(58,570)	(127,528)	(96,544)	(111,202)
Consolidated Revenue	1,210,232	1,453,796	1,372,912	1,398,860	1,465,614	1,468,595
Ministry Program Expense	4,809,403	5,167,451	5,492,324	5,652,630	5,941,957	6,259,069
Inter-ministry consolidation adjustments	(200)	(200)	(1,662)	(200)	(200)	(200)
Consolidated Program Expense	**4,809,203**	**5,167,251**	**5,490,662**	**5,652,430**	**5,941,757**	**6,258,869**
Gain (Loss) on Disposal of Capital Assets	(49)	-	-	-	-	-
Write Down of Capital Assets	-	(900)	(919)	-	-	-
CONSOLIDATED NET OPERATING RESULT	(3,599,020)	(3,714,355)	(4,118,669)	(4,253,570)	(4,476,143)	(4,790,274)